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CONFIRMATION NO. 5245

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/540,216 | FILING OR 371(c)<br>DATE<br>01/04/2006<br>RULE | CLASS<br>703 | GROUP ART UNIT<br>2123 | ATTORNEY<br>DOCKET NO.<br>022336.0101PTUS |
|-----------------------------|--|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a 371 of PCT/CA03/01987 12/19/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*

CANADA 2,412,109 12/19/2002

|                                 |   |                           |                         |                       |                            |
|---------------------------------|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY<br>QC | SHEETS<br>DRAWING<br>21 | TOTAL<br>CLAIMS<br>52 | INDEPENDENT<br>CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature<br>Initials  |                           |                         |                       |                            |

## ADDRESS

32042

## TITLE

Virtual simulator method and system for neuromuscular training and certification via a communication network

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|--------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>3430 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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